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Bib Data Sheet

CONFIRMATION NO. 5647

<b>SERIAL NUMBER</b> 09/912,472	<b>FILING DATE</b> 07/24/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> NUTRI.018RA
<b>APPLICANTS</b> Mark F. McCarthy, San Diego, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 09/110,511 07/06/1998 PAT 5,929,066 WHICH IS A CIP OF 08/908,819 08/08/1997 PAT 5,789,401				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/20/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 26
Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 20995				
<b>TITLE</b> Chromium/Biotin treatment of type II diabetes				
<b>FILING FEE RECEIVED</b> 609	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	